

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **694**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2849 Belt Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **George M. Letson**

3. (b) If veteran, name war.....

3. (c) Social Security No. **494-01-0840**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan. 26** day.....
year **1944** hour **1** minute **P.M.**

21. I hereby certify that I attended the deceased from
7-8 19**43**, to **1-21** 19**44**
that I last saw him alive on **1-21** 19**44**
and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or** **White**
6. (a) Single, widowed, married, **Married**
6. (b) Name of husband or wife **Mabel Letson**
6. (c) Age of husband or wife if **44**
7. Birth date of deceased **Febr. 24 1898**
(Month) (Day) (Year)

Immediate cause of death
Pulmonary Embolus

Due to **Postoperative**

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
45 10 27 hr. min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bus Operator**

11. Industry or business **Public Service**

12. Name **Benjamin Letson**

13. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Ward**

15. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mabel Letson**

(b) Address **2849 Belt Ave.**

17. (a) Burial (b) Date thereof **1-24-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd**

19. (a) JAN 24 1944 **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

Major findings: **Carcinoma of Pharynx**
with Cervical Metastases

Of operations.....

Of autopsy **Pulmonary Embolus**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place)

Signature **Lucas Arnold** (M. D. or other) **07 20 Washington**
Date signed.....

WHILE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Business Reply

11 to 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert H. Thompson Jr.*

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.